

REGION VI AGING SERVICES

Russ Sunderland, Regional Aging Services Program Administrator

Serving: Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman and Wells Counties



Fall 2008



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NORTH DAKOTA AGING and DISABILITY

Resource – LINK

Your Care Choice Connection to Aging and Disability Resources

What Options and Choices are Available for Seniors and Adults with Disabilities?

1.800.451.8693

www.carechoice.nd.gov



The Aging Services Division, Department of Human Services announces that Joan Ehrhardt has been hired as the State Long-Term Care Ombudsman, following the retirement of Helen Funk who had served in that capacity for 10 years. Joan will also serve as the Regional Ombudsman for the facilities in the Bismarck Region.

For the past 18 years she has performed a variety of duties in relation to long term care for the Medical Services Division of the Department of Human Services. Joan can be reached at 328-4617.

Meet North Dakota's 2008 Outstanding Older Worker

**Charlie Kourajian 77
Jamestown, ND**

Residents of Jamestown, ND rave about Charlie Kourajian's zeal for promoting and improving his city. With 32 years experience in city government, he's a gold mine of expertise as an employee and a community activist. Kourajian's continuing contributions to the world of work and his community at the age of 77 impressed a panel of judges who selected him as North Dakota's 2008 Outstanding Older Worker. Criteria for selection included contributions to the workplace, ability to meet challenges to remain in the workforce, community involvement, the potential to articulate the values, needs and challenges of older Americans, and the embodiment of lifelong learning and achievement.



"Charlie embodies the spirit of productive aging as a contributing member of today's workforce. He is a multitasking person with a marvelous attitude toward life. His longstanding and continued involvement in activities that benefit his community and state make him a role model for other older Americans as well as for the younger generation," said Jean Bennett, Regional Director for Experience Works, the organization hosting the Prime Time Awards program, which is the nation's premier older-worker recognition event.

Kourajian has four children, two step children, 13 grandchildren and two step grandchildren. Although community betterment consumes much of his life, he enjoys being with Marge, his wife, and their grandchildren and great-grandchildren.



Riddles – These 5 riddles will help keep your brain sharp!!

1. A murderer is condemned to death. He has to choose between three rooms. The first is full of raging fires, the second is full of assassins with loaded guns, and the third is full of lions that haven't eaten in 3 years. Which room is safest for him?
2. A woman shoots her husband. Then she holds him under water for over 5 minutes. Finally, she hangs him. But 5 minutes later they both go out together and enjoy a wonderful dinner together. How can this be?
3. What is black when you buy it, red when you use it, and gray when you throw it away?
4. Can you name three consecutive days without using the words Wednesday, Friday, or Sunday?
5. This is an unusual paragraph. I'm curious as to just how quickly you can find out what is so unusual about it. It looks so ordinary and plain that you would think nothing was wrong with it. In fact, nothing is wrong with it! It is highly unusual though. Study it and think about it, but you still may not find anything odd. But if you work at it a bit, you might find out. Try to do so without any coaching?

(No "peeking" - - answers can be found on page 7!!)



Americans Living Longer, Enjoying Greater Health and Prosperity, but Important Disparities Remain



Today's older Americans live longer, enjoy better health and have more financial security than any previous generation. However, rates of gain are inconsistent between the genders and across age brackets, income levels and racial and ethnic groups. These and other trends are reported in *Older Americans 2008: Key Indicators of Well-Being*, a comprehensive look at aging in the United States from the Federal Interagency Forum on Aging-Related Statistics.

Highlights from *Older Americans 2008* include:



Economics – Although more older persons enjoy increased prosperity than previous generations, major inequalities continue to exist for older blacks and for people without high school diplomas, who report smaller economic gains and fewer financial resources.

Housing – Most older people live in adequate, affordable housing, but in 2005, 41 percent of households with people over age 65 had significant housing-related problems, such as housing cost burden (expenditures on housing and utilities that exceed 30 percent of household income), physically inadequate housing and crowded housing.

Health Literacy – The average level of health literacy was lower than that of any other age group, and decreases with age. Thirty-nine percent of people age 75 and over had below basic health literacy, compared with 13 percent of people ages 50 to 64.

To access the update or order printed copies of *Older Americans 2008* – Available online at www.AgingStats and in print. Supporting data for each indicator, including tables, PowerPoint slides and source descriptions, are on the Forum's Web site. Single printed copies are available at no charge while supplies last.

Requests may be made by calling 1-866-441-6247 or by sending an e-mail to nchsquery@cdc.gov.



PREVENTING TRAUMATIC BRAIN INJURY IN OLDER ADULTS

If you are one of the millions of people in this country who provides care for an older adult – a parent, grandparent, other family member, professional caregiver, or a close friend – you should learn about traumatic brain injury or TBI. A TBI is caused by a bump or blow to the head that affects how the brain normally works. TBI is a special health concern for older adults. People ages 75 and older have the highest rates of TBI-related hospitalizations and death. They also recover more slowly and die more often from these injuries than do younger people. Falls are the leading cause of TBI.

What are the signs and symptoms of TBI?

Symptoms of TBI include:

- Low-grade headache that won't go away
- Having more trouble than usual remembering things, paying attention or concentrating, organizing daily tasks, or making decisions and solving problems
- Slowness in thinking, speaking, acting, or reading
- Getting lost or easily confused
- Feeling tired all of the time, lack of energy or motivation
- Change in sleep pattern – sleeping much longer than before, having trouble sleeping
- Loss of balance, feeling light-headed or dizzy
- Increased sensitivity to sounds, lights, distractions
- Blurred vision or eyes that tire easily
- Loss of sense of taste or smell
- Ringing in the ears
- Change in sexual drive
- Mood changes like feeling sad, anxious, or listless, or becoming easily irritated or angry for little or no reason

A person with moderate or severe TBI may show the symptoms listed above, but may also have:

- A headache that gets worse or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- Inability to wake up from sleep
- Dilation of one or both pupils
- Slurred speech
- Weakness or numbness in the arms or legs
- Loss of coordination
- Increased confusion, restlessness, or agitation

Older adults taking blood thinners (e.g. Coumadin) should be seen immediately by a health care provider if they have a bump or blow to the head, even if they do not have any of the symptoms listed above.

What should you do if you think the older adult in your care has a TBI?

Take them to the doctor. Tell the doctor about any prescription drugs, including over-the-counter medicines, blood thinners, or aspirin that the older adult takes.

Can TBI be prevented?

YES. Here are some things you can do to help prevent falls, the most common cause of TBI among older adults.

The most effective way to prevent older adults from falling is to do all of these things.

- **Encourage Exercise.** Exercise is one of the best ways to reduce older adults' chances of falling. Exercises that improve balance and coordination, like Tai Chi, are most helpful. You should check with the older adult's doctor about which exercises are safest and best for them.
- **Make the home or surroundings safer.**
 - Remove things from stairs and floors that might cause tripping.
 - Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
 - Place items used often within easy reach, so that a step stool is not needed.
 - Install grab bars next to the toilet and in the tub or shower.
 - Place non-stick mats in the bathtub and on shower floors.
 - Add brighter lighting and reduce glare by using lampshades and frosted bulbs.
 - Be sure there are handrails and lights on all staircases.
 - Be sure the older adult wears shoes that give good support and have thin, non-slip soles. They should avoid wearing slippers and socks and going shoeless.
- **Ask the health care provider to review all medicines.** Ask the doctor or local pharmacist to look at all the prescription medicines the older adult takes as well as non-prescription drugs like cold medicines and various supplements. As people age, the way some medicines work in the body can change. This could cause a person to feel drowsy or lightheaded, which could lead to a fall.
- **Take the person in your care for a vision check.** Make sure an eye doctor checks to be sure eye glasses are correct and that there are no conditions that limit vision, like glaucoma or cataracts. Poor vision can increase the chance of falling.

For more information: Call the Centers for Disease Control and Prevention (CDC) toll-free at 1-800-232-4636 or visit www.cdc.gov/BrainInjuryInSeniors.

AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Russ Sunderland** at **1-701-253-6344**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **South Central Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **South Central Human Service Center** is an equal opportunity employer.

HHS Fact Sheet

U.S. Department of Health and Human Services



www.hhs.gov/news

HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing *Medicare Payments for Successful Electronic Prescribers, Reporting Quality Data are Important Steps Toward a Value-Driven Health Care System*

ELECTRONIC PRESCRIBING

Medicare is taking new steps to speed the adoption of electronic prescribing (e-prescribing) by offering incentive payments to physicians and other eligible professionals who use the technology. E-prescribing is more efficient and convenient for consumers, improves the quality of care, lowers administrative costs and its widespread use would eliminate thousands of medication errors every year.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with requirement for being a successful prescriber would result in significant hardship.

Medicare is expected to save up to \$156 million over the five-year course of the program in avoided adverse drug events. It's been estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events every year, contributed to in part by negative interactions with other drugs, or a prescriber's lack of information about a patient's medication history.

According to the Institute of Medicine (IOM), more than 1.5 million Americans are injured each year by drug errors. Electronic prescribing can help deliver safer, more efficient care to patients.

E-prescribing has the potential for improving beneficiary health outcomes. For providers, prescribing electronically improves quality and efficiency and reduces cost by actively promoting appropriate drug usage; providing information to providers and dispensers about formulary-based drug coverage, including formulary alternatives and co-pay information; and speeding up the process of renewing medications. E-prescribing, if permitted for controlled substances, also may play a significant role in efforts to reduce the incidence of drug diversion by alerting providers and pharmacists of duplicative prescriptions for controlled substances.

This incentive payment for successful electronic prescribers is a significant step forward for the encouragement of the use and adoption of e-prescribing throughout the health care system. Advancements in the adoption of e-prescribing will help further the transformation of the current health care system into a system based on value.

U.S. Department of Health and Human Services Secretary (HHS) Mike Leavitt has consistently advocated for Medicare payments to be connected to physicians' adoption of e-prescribing and recently Congress enacted legislation allowing such an effort to go forward.

In 2004, President George W. Bush set a goal for most Americans to have secure access to a secure, interoperable electronic health record by 2014. Electronic prescribing has been identified as an area where significant progress could be made quickly to improve the quality of care.

QUALITY REPORTING MEASURES

In another step toward establishing a health care system based on value, the first payments under the Medicare Physicians Quality Reporting Initiative (PQRI) have been awarded. By collecting data on quality, health care providers can use the information collected to improve patient care.

Through PQRI, the Centers for Medicare & Medicaid Services (CMS) has provided more than \$36 million in bonus payments to more than 56,000 health professionals who reported quality information to Medicare. The average incentive amount for individual physicians was more than \$600 and the average incentive payment for physician group practices was more than \$4,700. The largest payment to a physician group practice totaled more than \$200,000.

Recent legislation extends the physician quality reporting system and provides for incentive payments of 2 percent for reporting data on quality measures in 2009 and 2010, up from 1.5 percent in 2008. In addition, CMS will post on its Web site the names of eligible professionals who satisfactorily submitted data on PQRI quality measures and establish a Physician Feedback Program in which claims and other data will be used to develop confidential reports to physicians that measure the resources involved in furnishing care to Medicare beneficiaries.

STEPS TO VALUE-BASED SYSTEM

These initiatives are an example of the leadership HHS provides in the transformation of the current U.S. health care model into a system based on value. HHS is working to ensure that consumers know the quality and

cost of their health care. Health care transparency provides consumers with the information and incentives necessary to choose health care providers based on value.

Providing timely and reliable cost and quality information empowers consumer choice. Consumer choice creates incentives at all levels, and motivates the entire system to provide better care for less money. Quality improvement will continue as providers can see how their practice compares to others. Electronic prescribing is one part of broader efforts to accelerate the adoption of health IT and the establishment of a health care system based on value.

For additional information, please go to:
<http://www.hhs.gov/valuedriven/> and
<http://www.cms.hhs.gov/pqri/>



RIDDLE ANSWERS

(From page 3)

1. The third room. Lions that haven't eaten in three years are dead. That one was easy, right?
2. The woman was a photographer. She shot a picture of her husband, developed it, and hung it up to dry (shot; held under water; and hung).
3. Charcoal, as it is used in barbecuing.
4. Sure you can name three consecutive days: yesterday, today, and tomorrow!
5. The letter "e" – which is the most common letter used in the English language, does not appear even once in the paragraph.

HOW DID YOU DO?

CONSUMER FACTS FOR OLDER AMERICANS

Prepaid Debit Cards for Social Security and SSI

New Social Security and Supplemental Security Income recipients without a bank account now have the option of receiving benefits through a prepaid "Direct Express" MasterCard debit card instead of a paper check.

Is the Direct Express Card better than a paper check? For those without bank accounts, the Direct Express card has important benefits:

- **No check cashing fees.** Get cash free or for a small fee.
- **Receive money faster.** Funds will be available the day they are paid, without waiting for a check to arrive in the mail.
- **Convenience.** The card can be used anywhere a MasterCard debit card is accepted, including for telephone and online payments. Get cash from any bank, ATM or merchant who provides cash back.
- **Safety.** You don't need to "cash" the entire payment at once, and funds stored on the card are safer than cash. You are protected from theft if you report the theft promptly.
- **Record keeping.** Statements are available detailing your purchases.

However, you must protect your card by safeguarding the personal identification number (PIN), by reviewing your statements regularly, and by being aware of the fees for some services.

TIPS:

- **Sign up for regular monthly statements.** It is worth 75 cents/month to protect the card from unauthorized charges and to have a complete record of transactions.
- **Free cash.** One cash withdrawal is free per deposit at ATMs in the Direct Express network (see website listed on next page). Withdrawals are also free inside at the teller window at any MasterCard member bank (most banks) or by asking for cash back from a purchase.
- **Sign up for free deposit and low balance alerts** by telephone, email or text message.

Are There Fees? There is no sign-up or regular monthly fee for the card.

The only fees are:

- 90 cents for ATM withdrawals after the first free one per deposit (plus any surcharge from a non-network ATM)
- 75 cents for automatic monthly paper statement
- \$1.50 for automated telephone (IVR) transfers to another account
- 50 cents per bill for online bill payment
- \$4 for a replacement card after the first one each year
- \$13.50 for expedited delivery of a replacement card
- \$3 for international ATM withdrawals
- 3% for purchases or withdrawals in an international currency

How do I know how much money is on the card? You can call customer service or check the balance online or at an ATM for free. You can also sign up for free text, telephone or email messages to alert you when a deposit is made or your balance slips below an amount you pick.

Will I get a statement? You can view the last 90 days of activity online. You can sign up for a regular paper monthly statement for \$0.75/month or get one for free from time to time by calling customer service.

Is the money on the card safe? The funds are FDIC-insured. If your card or password is lost or stolen, you can get a replacement card or change the password. If someone makes an unauthorized charge, you are liable for no more than \$50 if you report the loss or theft within two business days of learning about it.

Can I get the Direct Express Card if I have a bank account? Yes, but you will have to ask. Direct deposit into a bank account is better for most people, but if you have debts that might lead a debt collector to garnish your account, the Direct Express card is safer because it cannot be frozen except for child support, alimony, and debts to the federal government like taxes and student loans.

What if I still want a paper check? If you prefer to receive a paper check, you can ask for one.

Useful information:

U.S. Treasury Department's Direct Express information: <http://www.fms.treas.gov/directexpresscard/>

Direct Express Enrollment: <http://www.USDirectExpress.com> (also has surcharge-free ATM locations) or (977) 212-9991

Consumer Information for Seniors and Others:

http://www.nclc.org/issues/seniors_initiative/information.shtml

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School Bus Safety Alert

We need to pay special attention to the yellow and red flashing lights on the many school buses that are out there now. Flashing yellow lights indicate the bus is approaching a stop and the red lights will come on momentarily. The law forbids vehicles approaching from either direction from passing school buses that are stopped with their red lights flashing or while their stop sign is out. If you pass a school bus while their red lights are flashing or their stop sign is out, you will be fined and also receive 6-points on your driving record!

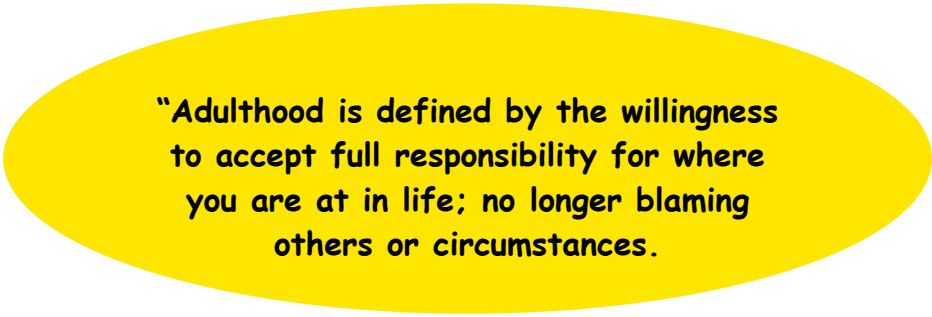
REMEMBER TO BUCKLE UP EVERY TIME YOU GET IN A VEHICLE!!!!

ND Family Caregiver Support Program

I would like to thank all of you caregivers and providers for taking the time to return all of the necessary paper work for the new fiscal year that started July 1st. It can be a very hectic time, and I appreciate your prompt action in returning all the forms in a very timely manner. During that re-enrollment period I have taken several phone calls with questions regarding services covered under the North Dakota Family Caregiver Support Program, and I would like to take a few moments to address some of the most frequently asked questions.

- **Can the program pay for help with housecleaning?**
 - No. The program is designed to give the caregiver a break from caregiving tasks, such as bathing, dressing, toilet use, and transferring or eating. It is acceptable to provide cleaning that is incidental to the care, such as cleaning up after a meal, or picking up the bathroom after bathing assistance.
- **Can the respite provider distribute medication?**
 - No. The program does not cover medical respite.
- **Can the respite provider take my family member out of the home?**
 - No. Respite care is to take place within the home, or an adult/child day care setting or an institutional setting. Taking the care recipient out of the home for car rides, shopping trips, coffee/lunch and to clinic appointments are not covered services under the respite program.
- **I still work occasionally, so can I use that time for respite.**
 - No. The respite program cannot pay for time spent at your job. The program is specifically set up to cover the times that you need time away from your caregiving duties for errands, appointments, social outings, or even a nap.

We recognize that caregiving can be very draining and time consuming, and we want to encourage all of you receiving services to use the respite time to attend to some of your own needs, and enjoy some time away from your caregiving responsibilities. Please call me at (701) 328-8776 if you have other questions regarding the program, or you would like to discuss other options for in-home assistance.



"Adulthood is defined by the willingness to accept full responsibility for where you are at in life; no longer blaming others or circumstances."

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	Russ Sunderland	1-800-260-1310
Region VII:	Cherry Schmidt	1-888-328-2662 (local: 328-8787)
Region VIII:	Mark Jesser	1-888-227-7525

ND Family Caregiver Coordinators

Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Tammie Johnson	1-888-328-2662 (local: 328-8776)
Region VIII:	Rene Schmidt	1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman:	Joan Ehrhardt	1-800-451-8693
Region I & II:	Deb Kraft	1-888-470-6968
Region III & IV:	Kim Helten or Donna Olson	(701-665-2200) OR 1-888-607-8610
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Joan Ehrhardt	1-800-451-8693
Region VIII:	Mark Jesser	1-888-227-7525

Vulnerable Adult Protective Services

Region I & II:	Deb Kraft	1-888-470-6968
Region III:	Ava Boknecht, Kim Helten, Donna Olson, or Andrea Laverdure	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	Raeann Johnson Vulnerable Adult Team (VAT):	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747.
Region VI:	Russ Sunderland	1-701-253-6344
Region VII:	Cherry Schmidt or Karla Backman	1-888-328-2662 or 1-701-328-8888 (local: 328-8787)
Region VIII:	Rene Schmidt	1-888-227-7525

Other

Aging Services Division and "Resource Link":	
www.carechoice.nd.gov	1-800-451-8693
AARP:	1-866-554-5383
Mental Health America of ND	
(Local):	1-701-255-3692
Help-Line:	211 or 1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of	
Consumer Protection:	1-701-328-3404
	1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC)	
ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933
	1-800-232-0851

Russ Sunderland
Regional Aging Services Program Administrator
South Central Human Service Center
520 Third Street NW, PO Box 2055
Jamestown, ND 58402-2055

Phone: 1-701-253-6344
Toll Free: 1-800-260-1310
Fax: 1-701-253-6400



Upcoming Events

* Governor's Forum on Aging – Ellendale April 22, 2009

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.